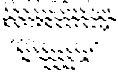


A-1

AIR TRANSPORTATION AGREEMENT		DATE 1 Nov 10,199'4
PLACE Rams tein AB, GE	FULL NAME John C. Smith	
PERMANENT ADDRESS 1000 Spruce Street. Wilmington, DE 22222-3333		
<p>For and in consideration of being permitted to fly as a passenger in aircraft operated by or on behalf of the United States of America, for and on behalf of myself, my personal representatives, heirs and assigns, I hereby release and discharge the United States, its agents, servants, or employees from any and all claims for property damage and/or personal injury or death resulting from or during said flight or flights or continuances thereof or from ground operations incident thereto.</p>		
SIGNATURE		
WITNESS	WITNESS	
NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY Jane M. Smith 1000 Spruce Street, Wilmington, DE 22222-3333		

DD Form 1381, JUL 62

Nov 94
 DoD 4515.13-R



BAGGAGE IDENTIFICATION

NAM E (Last, First, M.I.)

Smith, John C.

STREET ADDRESS (Home or Unit APO)

1000 Spruce Street

CITY, STATE AND ZIP CODE

Wilmington DE 22222-3333

DD Form 1839, SEP 80 USE PREVIOUS EDITION.

A-3

VERIFICATION OF RESERVE STATUS FOR TRAVEL ELIGIBILITY (Part B may be completed by the requester's commander, First Sergeant, or a DoD personnel official with access to the Personnel Data System.)			1. DATE PREPARED (YYMMDD)	
			94 Nov 10	
PRIVACY ACT STATEMENT AUTHORITY: 10 USC 8102, 44 USC 3101 and EO 9397. PRINCIPAL PURPOSE: Use of your SSN is necessary to positively identify you. ROUTINE USE: Used by Reserve personnel to verify eligibility for space available transportation on DoD-owned or controlled aircraft. DISCLOSURE: Voluntary; however, failure to disclose will prevent the applicant from traveling on a DoD-owned or controlled aircraft.				
PART A - TO BE COMPLETED BY APPLICANT				
2. NAME (Last, First, Middle Initial) Smith, John C.		3. PAY GRADE E-3	4. BRANCH OF SERVICE USAFR	5. SSN 123-45-6789
6. UNIT/COMMAND NAME 459 APS		7. UNIT/COMMAND ADDRESS Andrews AFB, MD 20331		
8. SIGNATURE			9. DATE SIGNED (YYMMDD) 94 Nov 10	
PART B - TO BE COMPLETED BY VERIFYING OFFICIAL				
The Reservist named above is an active reserve component member and is eligible for space available transportation on DoD-owned or controlled aircraft in accordance with DoD Regulation 4615.13-R, and is authorized to so travel (not to exceed six months).				
10. FROM (YYMMDD) 94 Nov 10		11. TO (YYMMDD) 95 Jan 10		
12. NAME OF VERIFYING OFFICIAL (Last, First, Middle Initial) Jones, Jane M.		13. PAY GRADE O-5	14. TITLE Commander	
16. ORGANIZATION 459 APS	16. SIGNATURE		17. DATE SIGNED (YYMMDD) 94 Nov 10	

DD FORM 1853, AUG 94

PREVIOUS EDITION MAY BE USED.

Nov 94
DOD 4515.13-R